

Name
in
Full

Mrs Julia Utkins

CERTIFICATE OF DEATH

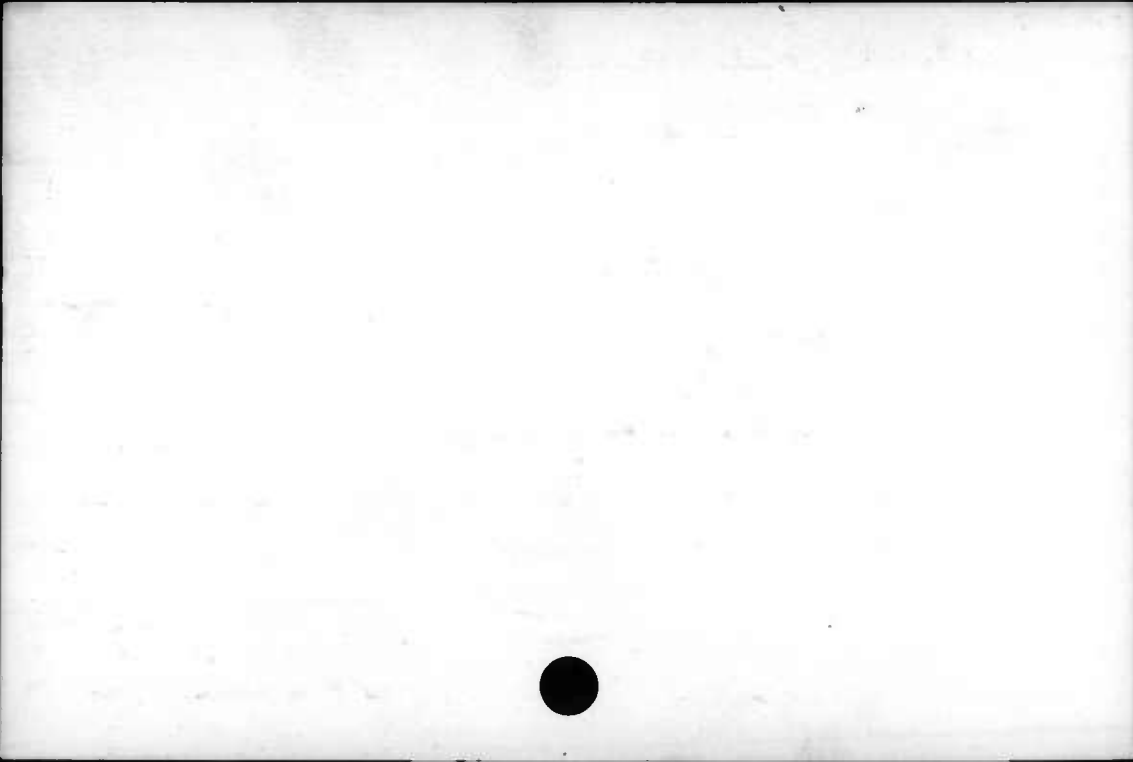
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> ^{Town}		<u>Norcross</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>10</u>	Day <u>8</u>	Age <u>70</u> ^{Years} <u>About</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place		
Married, Single or Widowed <u>Married</u>	Occupation <u>House keeper</u>				
Name of Wife ^{Husband} <u>Sydney Utkins</u>					
Father's Name <u>Joshua Lumbertson</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Old age 154</u>	How long <u>Gradual</u>
Immediate	<u>"</u>	How long <u>declines for a few</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>E. H. Holland</u>
		Address <u>Berlin Ind</u>
<u>Accident or Suicide?</u>		



Name
in
Full

Sarah Bartley

CERTIFICATE OF DEATH

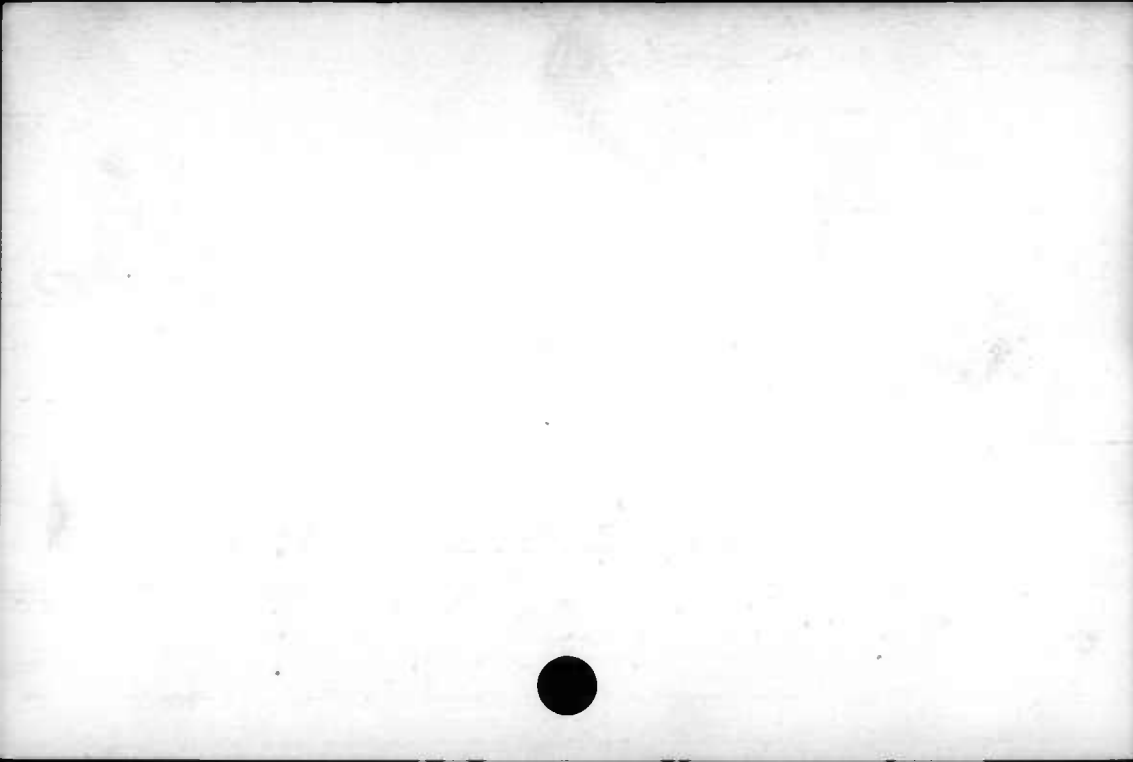
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Berlin</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>10</i>	Day <i>8</i>	Age <i>1</i>	Years <i>1</i>	Months <i>3</i>
Sex <i>Female</i>	Color or Race <i>Blk</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>John Bartley</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Betty Hassitt</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Jacob Hassitt</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>teething</i>	How long <i>all time</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of <i>J. E. Miller F.D.</i>
	Address <i>Berlin Ind.</i>
Accident or Suicide?	



CERTIFICATE OF DEATH

Died at <i>near Berlin</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death 1902	Month <i>Oct</i>	Day <i>8</i>	Years <i>46</i>	Months	Days		
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Cambrel, Ind.</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband							
Father's Name <i>Arch Bodley</i>				Father's Birthplace <i>Pickers</i>			
Mother's Maiden Name <i>Lizzie Bodley</i>				Mother's Birthplace <i>Pickers</i>			
Name of person giving information <i>Sallie Mary Bodley</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

Primary <i>Endocarditis</i>	How long <i>3 weeks</i>
Immediate <i>Ulcerative Endocarditis</i>	How long <i>15 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. P. Collins</i>
	Address <i>Bristowville Ind</i>
Accident or Suicide?	

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Oak Hall		^{County} Worcester			
Date of death 1902	Month 10	Day 31	Age 83	Months	Days
Sex Female	Color or Race white		Birth-place Worcester Md		
Married, Single or Widowed	Widow		Occupation House Wife		
Name of Wife or Husband		Henry H. Brumby			
Father's Name		Wm Carey		Father's Birthplace	Md
Mother's Maiden Name		Angel Dukes		Mother's Birthplace	Md
Name of person giving information		George H. Brumby		How related to deceased	Son

CAUSES OF DEATH

Primary	Old age	How long	5 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		None in attendance	
		Address	
Accident or Suicide?			

Nazareth church yard

Name
in
Full

CERTIFICATE OF DEATH

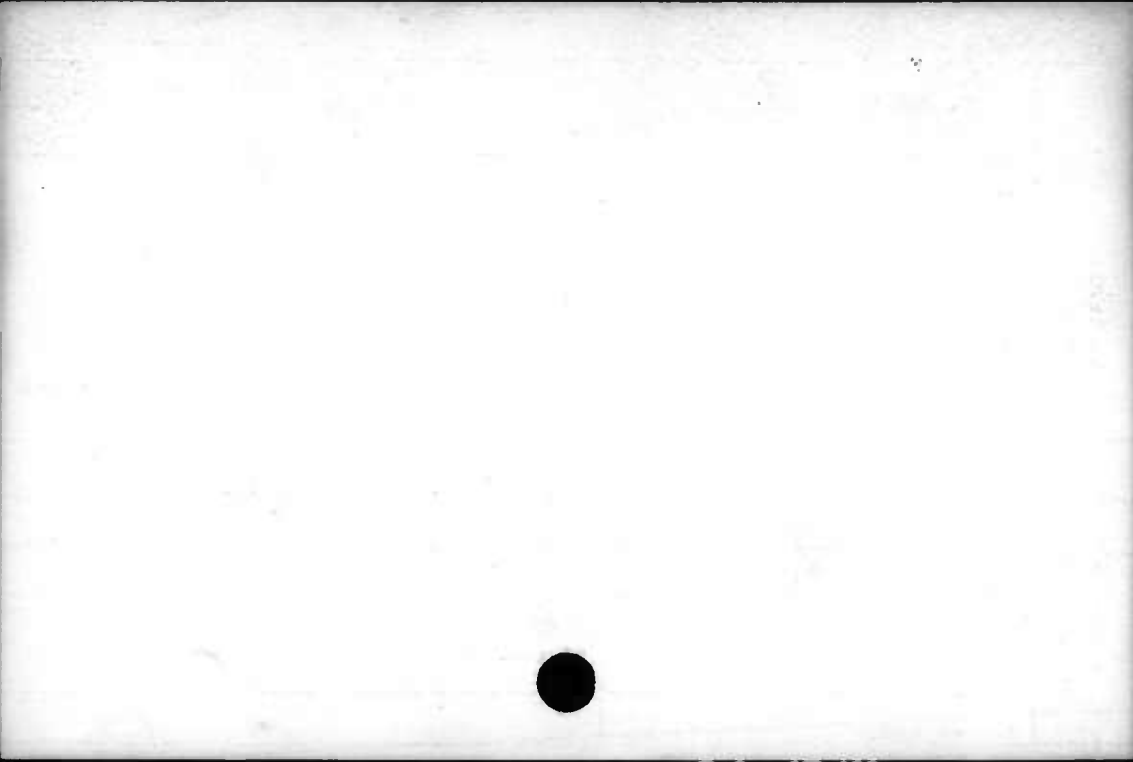
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Alice L. Cranfield</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Died <i>2</i>		Month <i>10</i>		Day <i>1</i>		Years <i>2</i>	
Date of death 190 <i>2</i>		Age <i>2</i>		Months <i>2</i>		Days <i>14</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth- place <i>Snow Hill</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Bern. F. Cranfield</i>				Father's Birthplace			
Mother's Maiden Name <i>Louise E. Taylor</i>				Mother's Birthplace			
Name of person giving Information <i>Bern. F. Cranfield</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>179</i>	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

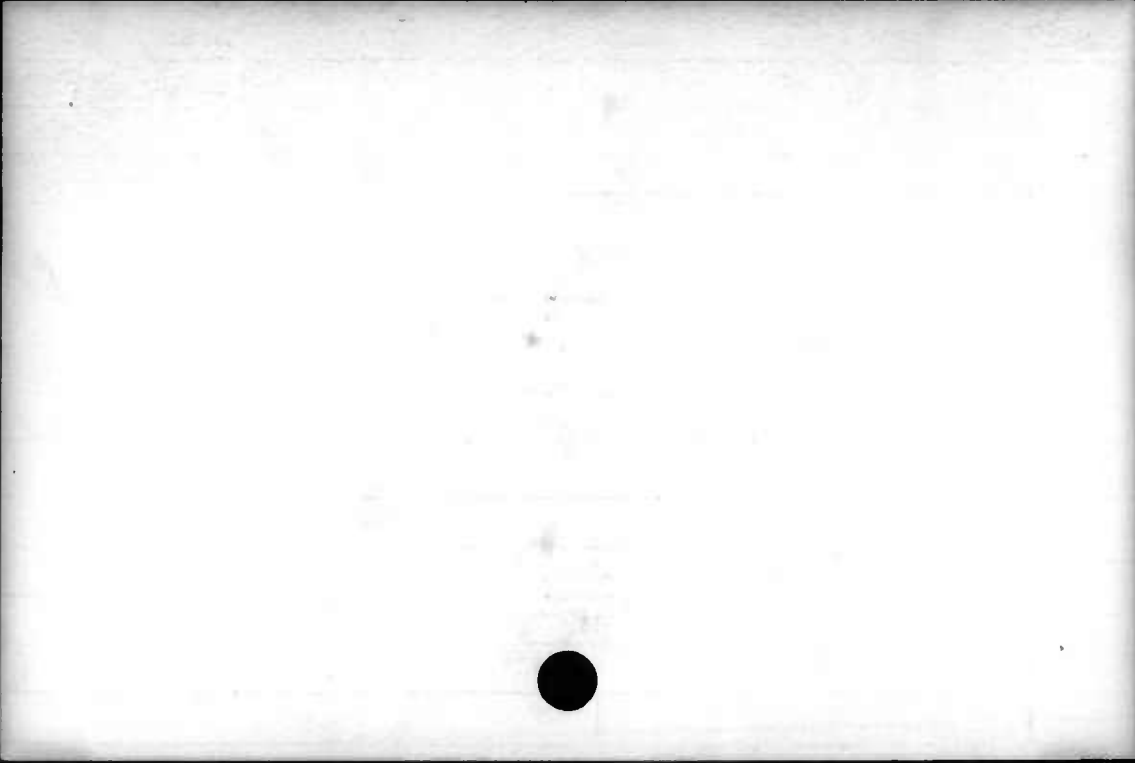
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Oct</i>	Day <i>26</i>	Age <i>17</i>	Months <i>10</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Box Grove. Ind.</i>		
Married, Single or Widowed <i>single</i>			Occupation <i>none</i>		
Name of Wife or Husband _____					
Father's Name <i>Jashua Duffy</i>			Father's Birthplace <i>Worcester Co., Ind.</i>		
Mother's Maiden Name _____			Mother's Birthplace <i>Worcester Co., Ind.</i>		
Name of person giving information <i>William J. Duffy</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>acute Phthisis</i>	How long	<i>9 months</i>
Immediate	<i>27</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>W. D. Strang, M.D.</i>	
		Address <i>Snow Hill. Ind.</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Mary Ida Ginn

Town

County

Died at

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Oct. 27

Age

7

Maryland Infant

~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
NameMother's
Name

John E. Ginn

Nancy Bryden

Cause of

Primary

Whooping Cough

How long sick

2 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

J T Coates

Address

Pocomoke Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65/88



Name in Full

Certificate of Death

George D. Henderson

Died at

Stockton Worcester

MARYLAND

Date 19

12 Oct. 8

Age

Y. M. D. 0 7 2

Native of

Ind

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Frank Henderson

Maiden Name

Mother's

Myrtle Hancock

Cause of

Primary

Acute indigestion

How long sick

18 days

Death

Immediate

Gastr. Enteritis

~~Accident, Suicide, Homicide~~

Reported by

Geo D Dickerson, M.D.

Address

Stockton Worcester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70009



Name in Full

Certificate of Death

Died at

Date 19

02

Month

Oct.

Day

17

Age

Y.

M.

D.

7 10

Native of

MD

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife of

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Indigestion

Death

Immediate

Gastro-Enteritis

How long sick

2 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888



~~Sailney~~ *H. Henderson*
 Town County

Died at *Pocomoke* *Worcester* MARYLAND

Date 19 *02* Month *10* Day *8* Age *4* Y. M. D. Native of *Maryland* Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name *Robert H. Henderson* Mother's Maiden Name *Elizabeth J. Mills*

Cause of Death { Primary *Gastritis* Immediate
 How long sick *10 days*
 Accident, Suicide, Homicide

Reported by *C. F. Hargis* 104

Address *Pocomoke*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at Stockton ^{Town} Worcester ^{County} State MARYLAND
 Date 19 02 ^{Month} 10 ^{Day} 7 Age - 3 - ^{Y. M. D.} ma ^{Native of} Infant ^{Occupation}
Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Thos Jacobs ^{Mother's} Martha Selby
Name ^{Maiden Name}

Cause of Death { Primary Heart failure ^{How long sick} 2 week
 Immediate Heart failure ^{Accident, Suicide, Homicide}

Reported by Geo W Rowley & Br Underhill

Address Stockton Md 179

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sarah James

Died at ^{Town} Pocomoke city ^{County} Worcester

MARYLAND

Date 19 02 ^{Month} Oct ^{Day} 10 ^{Y.} ^{M.} ^{D.} ^{Native of} ^{Occupation}

Age

4

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of _____

Wife

Father's

Name

Don't know

Mother's

Maiden Name

George James

Cause of

Primary

Malaria fever

How long sick

Death

Immediate

Cerebral congestion

Accident, Suicide, Homicide

Reported by

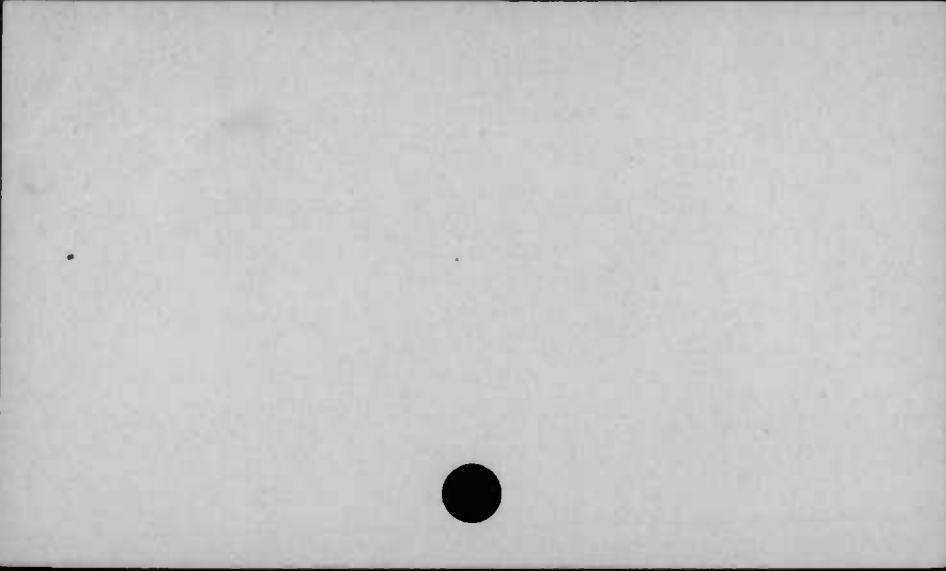
Sam S. Lee

Address

Pocomoke city, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79808



Name
in
Full

CERTIFICATE OF DEATH

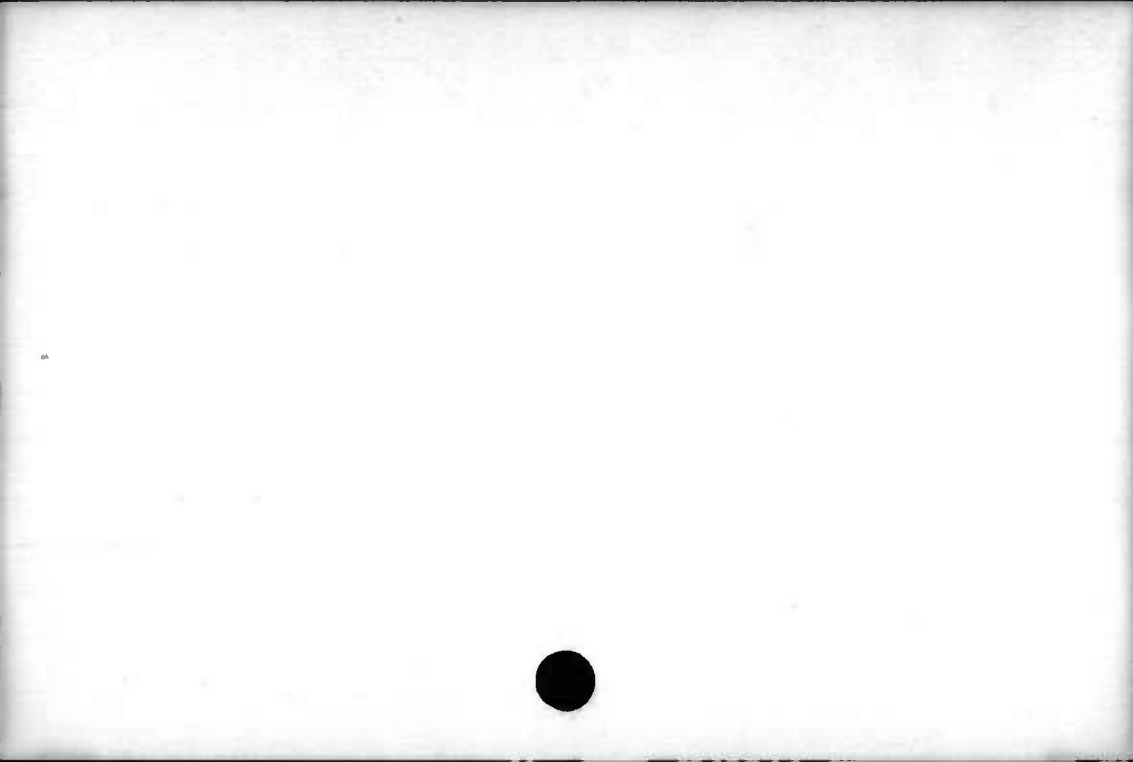
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death 1902	Month <i>10</i>	Day <i>14</i>	Age Years <i>0</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth- place <i>Snow Hill</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Thos E Johnson</i>			Father's Birthplace <i>Indaltes</i>		
Mother's Maiden Name <i>Mary D. Jones</i>			Mother's Birthplace <i>Chintateague</i>		
Name of person giving In formation <i>Thos E Johnson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>D</i>	How long
Immediate <i>dead born</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W P Hearne</i>
		Address <i>Snow Hill.</i>
Accident or Suicide?		



Henry Claude Jones

Town

County

Died at

Pocomoke City Worcester

MARYLAND

Date 19

Month Day

Age

Y. M. D.

Native of

Occupation

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Elihu W. Jones Virginia J. Truitt

Cause of

Primary

Consumption

How long sick

3-4 yrs

Death

Immediate

Asphyxia 27

~~Accident, Suicide, Homicide~~

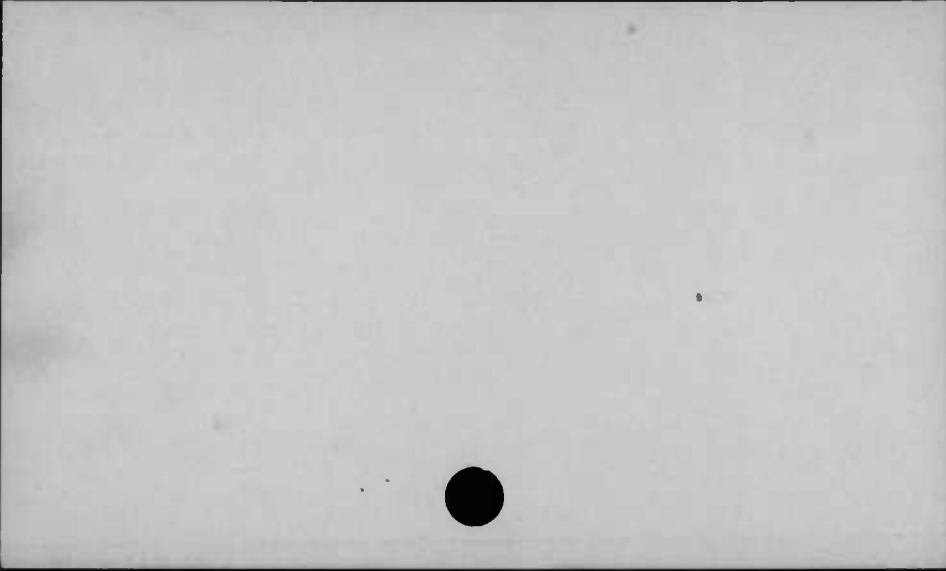
Reported by

J. H. King

Address

Pocomoke City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Edward Thomas Santford

Town

County

Died at

Pocomoke City - Worcester

MARYLAND

Date

1902

Month

10

Day

8

Age

Y.

M.

D.

6 months

Native of

Maryland

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

L. Thomas Santford

Mother's
Name

Alice Fleming

Cause of

Primary

Branchial Pneumonia

How long sick

one week

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. F. Hargis Jr

Address

Pocomoke

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Gordelia W Loner

Died at ^{Town} *Pocomoke* ^{County} *Worcester*

MARYLAND

Date 19 *02* ^{Month} *Oct* ^{Day} *15* | Age *65* | ^{Y.} *65* ^{M.} *65* ^{D.} *65* | ^{Native of} *Pocomoke* | ^{Occupation}~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

One

Husband of —

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

12 hours

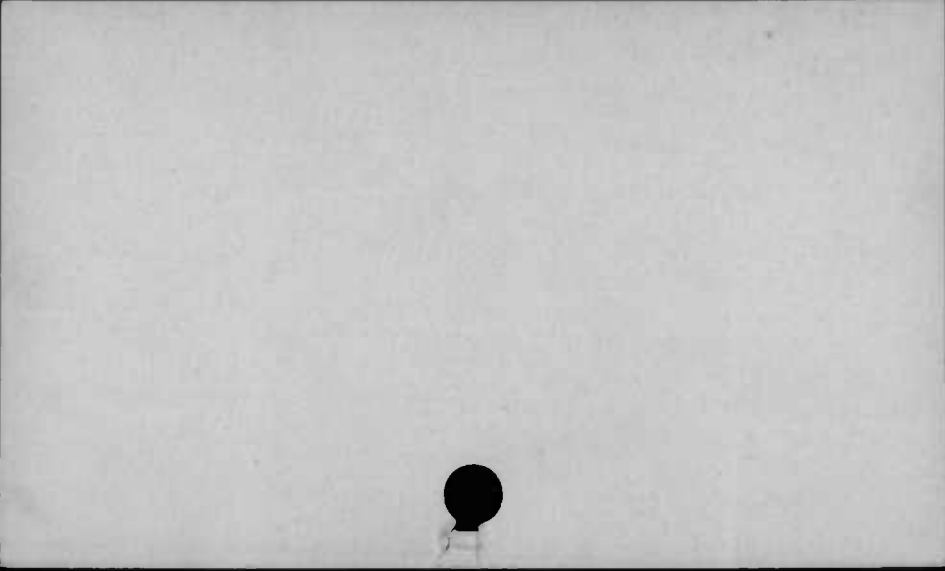
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by ~~coroner~~, undertaker or minister.

LIBRARY BUREAU. 70704



Name
in
Full

Mary Massey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Synsoput-</i> Town		<i>Worashi</i> County		MARYLAND	
Date of death 190	Month <i>10</i>	Day <i>19</i>	Age <i>14</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Blk</i>		Birth-place <i>Synsoput-</i>		
Married, Single or Widowed <i>single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Solomon Massey</i>			Father's Birthplace <i>Worashi</i>		
Mother's Maiden Name <i>Sarah Massey</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Arnold Smack</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Unknown 179</i>	How long	<i>1 Day</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Had none</i>	
		Address <i>J. E. Mason, Medef. Lath. Reelin Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

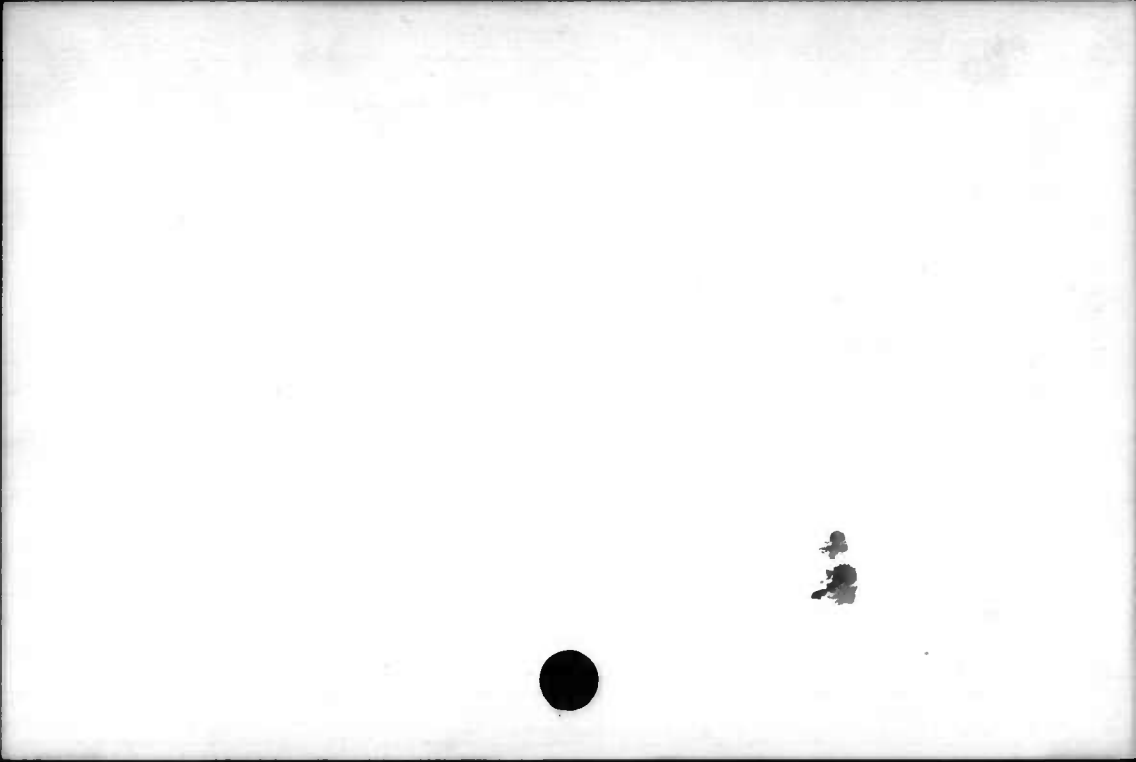
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Snow Hill</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u> ^{Month} <u>Oct.</u> ^{Day} <u>31</u>	Age <u>11</u> ^{Years}	Months <u>6</u>	Days <u>5</u>		
Sex <u>female</u>	Color or Race <u>White</u>	Birth-place <u>near Box Grove, Md.</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>School girl</u>			
Name of Wife or Husband <u>-</u>					
Father's Name <u>John E. Hancock</u>			Father's Birthplace <u>near Box Grove, Md.</u>		
Mother's Maiden Name <u>Emma Riley</u>			Mother's Birthplace <u>near Box Grove, Md.</u>		
Name of person giving information <u>William J. Duff</u>			How related to deceased <u>Cousin</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Bright's Disease</u> <u>119</u>	How long <u>Don't know</u>
Immediate <u>Uraemic Poison</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. D. Strangman, M.D.</u>
	Address <u>Snow Hill, Md.</u>
Accident or Suicide? <u>X</u>	



Name in Full

Certificate of Death

John S. Parsons

Town

County

Died at

Ocean City

Worcester

MARYLAND

Date 1912

Month

Day

Y.

M.

D.

Native of

Land in

Occupation

Oct

26

Age

79 -

Born Maryland - Ill

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Geo Parsons

Mother's

Maiden Name

Henrietta Cary

Cause of

Primary

Senile debility

How long sick

About 6 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. B. Baggett M.D.

Address

Ocean City - Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Daniel Pitts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berlin</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>10</i>	Day <i>14</i>	Age <i>14</i>	Years <i>10</i>	Months <i>10</i>
Sex <i>Male</i>	Color or Race <i>Blk</i>		Birth-place <i>Berlin</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Daniel Pitts</i>			Father's Birthplace <i>Berlin</i>		
Mother's Maiden Name <i>Agnes Lassiter</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Daniel Pitts</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>3 Mo</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr E. B. Holland</i>
	Address <i>Berlin Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

George Plotts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
near Berlin		Maryland					
Date of death 190		2	Month	Oct	Day	12	Age
					Years	56	Months
							Days
Sex		Male		Color or Race		White	
Married, Single or Widowed		Married		Occupation		Farmer	
Name of Wife or Husband							
Father's Name		George Plotts				Father's Birthplace	
						Easton Pa	
Mother's Maiden Name		Catherine Bull				Mother's Birthplace	
						dont no	
Name of person giving information		Annie Plotts				How related to deceased	
						wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long	4 Weeks
Immediate	& Paratyphoid		How long	+
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Eduin J. Dirickson
		Address		Bellin Md
Accident or Suicide?				

attended by
Dr Edward Herrick
Ruler and

L J Evans Esq

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
•
NEAREST FRIEND

Died at

John Posley

Town

Syracuse, N.Y.

County

Worcester

MARYLAND

Date

of death 1902

Month

12 10

Day

7

Age

Years

Months

Days

Sex

Male

Color or
Race

Blk

Birth-
place

Selbyville

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

John Posley

Father's
Birthplace

Worcester

Mother's
Maiden Name

Amelia

Mother's
BirthplaceName of person giving
information

William Posley

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Teething

How long

4 weeks

Immediate

179

Are the name, age, sex, color, date
and place correctly given above?

Yes

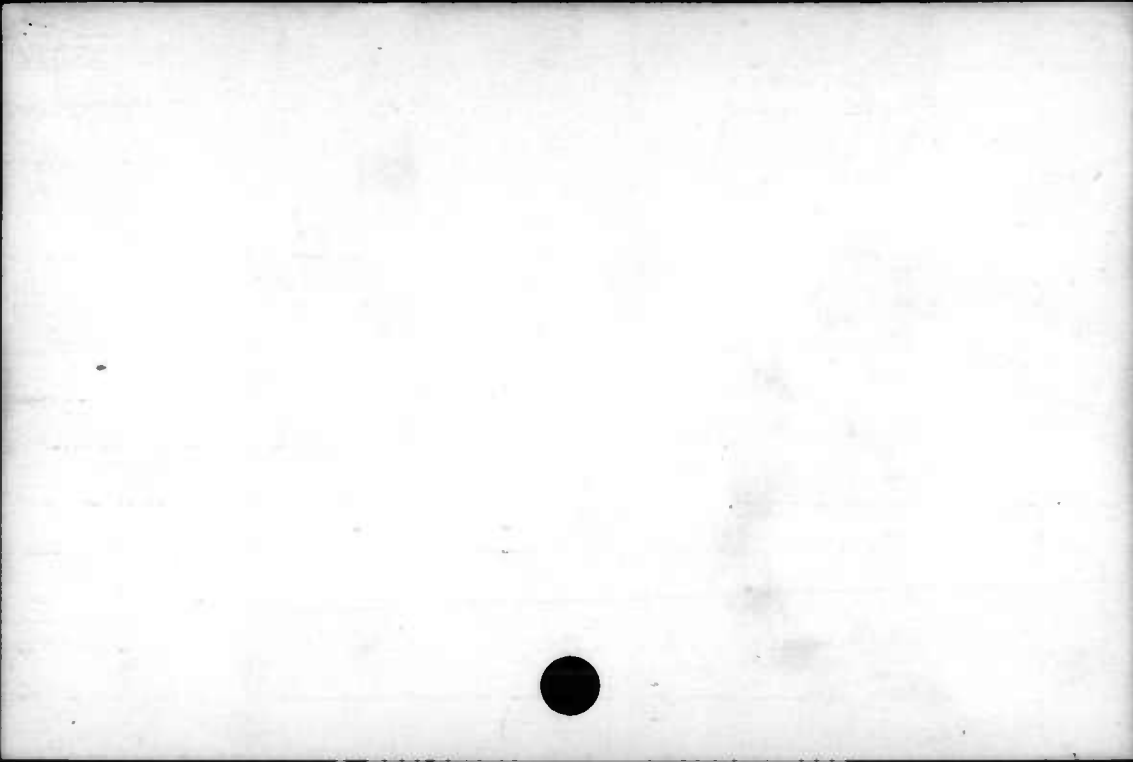
Signature of
Physician

Address

Cyrus Dickinson, D. O.
Berlin, N.Y.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Harry Purnell

Died at Berlin Town

Worcester County

MARYLAND

Date C
of death 1909

Month Oct
10

Day
10

Years
Age 15

Months
—

Days
—

Sex Male

Color or
Race black

Birth-
place Berlin Md.

~~Married~~ Single
~~or Widowed~~

Occupation
laborer

Name of Wife or
~~husband~~

Father's
Name Westley Purnell

Father's
Birthplace Berlin Md.

Mother's
Maiden Name Hettie Selby

Mother's
Birthplace Berlin Md.

Name of person giving
information

How related
to deceased
—

CAUSES OF DEATH

Meningitis

Primary

Tuberculosis 27

How long

6 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. C. Cormoray M.D.

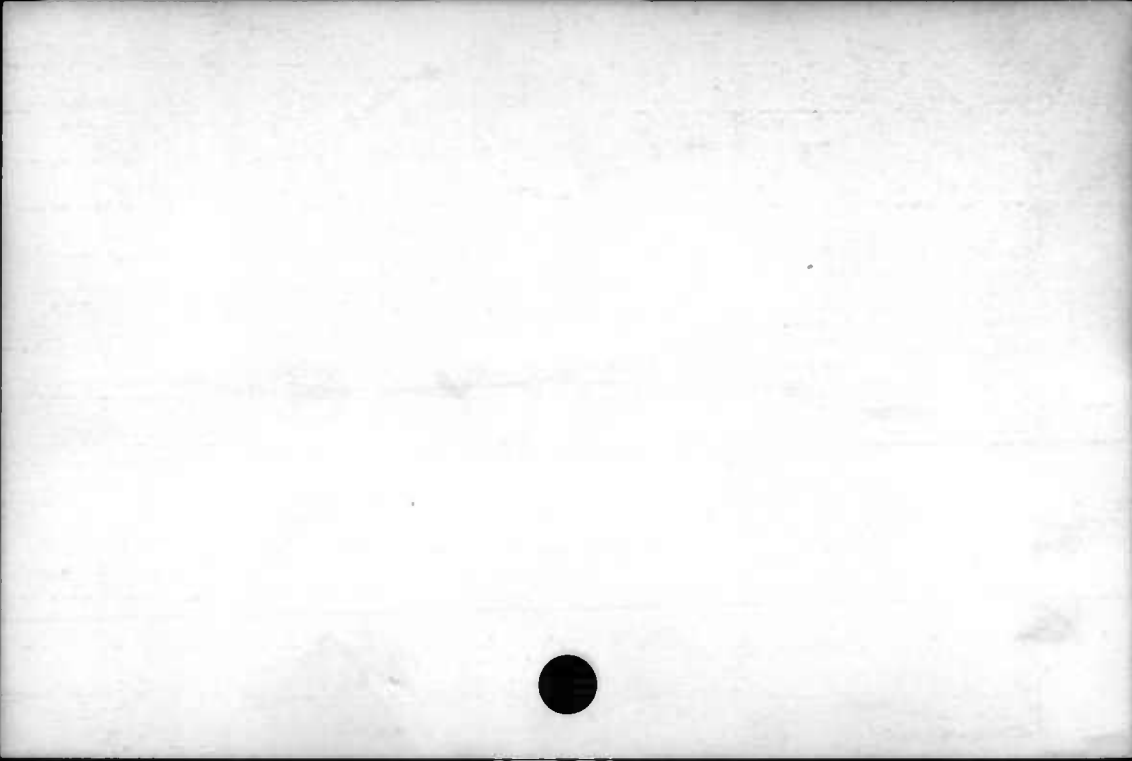
Address

Berlin Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Rayne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berlin</i> Town		County <i>Worcester</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Oct</i>	Day <i>16</i>	Age <i>1</i>	Months	Days
Sex <i>Girl</i>	Color or Race <i>White</i>		Birth-place <i>Berlin md</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>John H Rayne</i>			Father's Birthplace <i>Berlin md</i>		
Mother's Maiden Name <i>Lizzie Pembell</i>			Mother's Birthplace <i>Quebec</i>		
Name of person giving information <i>Daisy Rayne</i>			How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Leukemia</i>	How long <i>105</i>	How long <i>2 1/2 weeks</i>
Immediate <i>Asperterg</i>	How long <i>10 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm C. Drickman</i>	
	Address <i>—</i>	
Accident or Suicide?		

attended by
Sir James C. Derickson

C. J. Evans & Co
undertakers

Name
in
Full

Infant.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

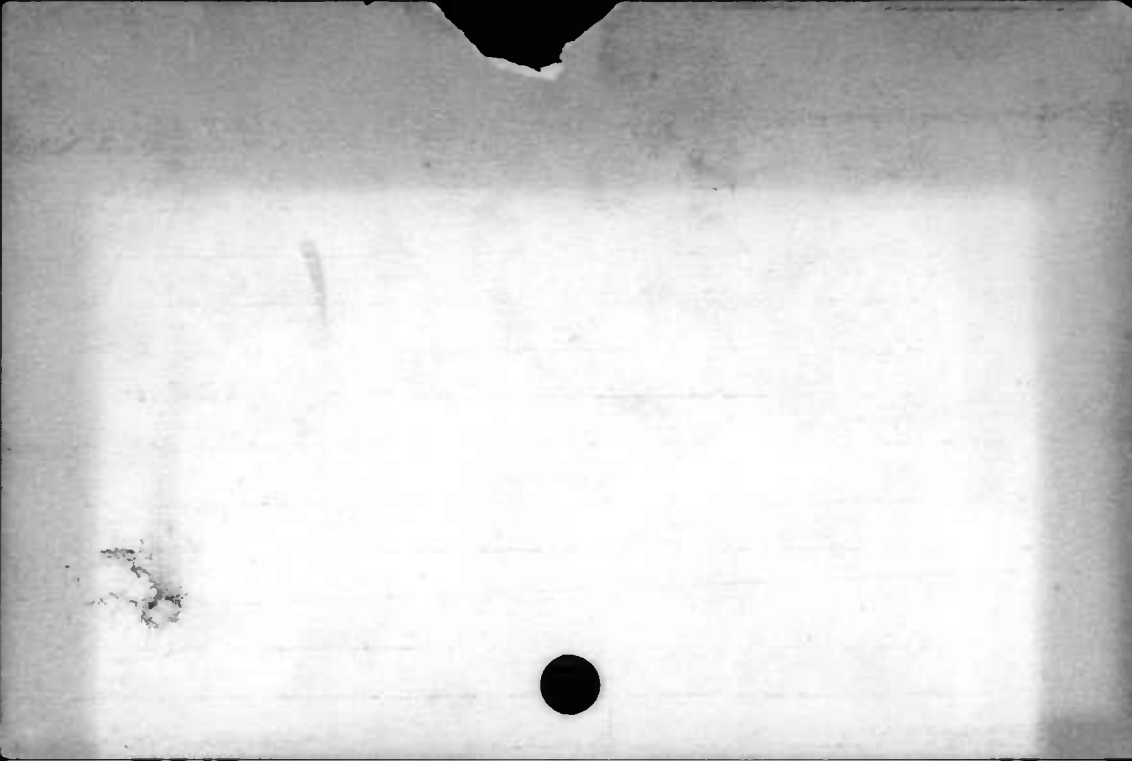
MARYLAND

Died at <i>Synepuxent</i> ^{Town}		<i>Worcester</i> ^{County}	
Date of death 190 <i>2</i> ^{Month} <i>Oct</i> ^{Day} <i>6</i>	Age <i>—</i> ^{Years}	Months <i>4</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Synepuxent</i>	
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>	
Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm Richardson</i>		Father's Birthplace <i>Friendship</i>	
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>	
Name of person giving information <i>105</i>		How related to deceased <i>—</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Artificial feeding</i>	How long <i>from birth</i>
Immediate <i>Wombling food (starvation)</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>The Holland MD</i>
	Address <i>Berlin Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Ella Sturgis

Town

County

Died at

Norriston

MARYLAND

Date 1902 Month 10 Day 23 Y. 17 M. - D. - Native of Norriston Occupation Household
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living 1

Husband
of
WifeFather's Name Charles SturgisMother's Name Hester Sturgis

Cause of Death { Primary Typho Malarial fever
 { Immediate General exhaustion

How long sick
2 weeks

Accident, Suicide, Homicide

Reported by J. N. WillisAddress Pocomoke

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55068

